Intestinal *Ascaris lumbricoides*

Soran A. Mahmood · Edward Y. Lee

Received: 29 July 2009 / Revised: 10 September 2009 / Accepted: 16 October 2009 / Published online: 10 November 2009
© Springer-Verlag 2009

A 12-year-old boy from Pakistan presented with abdominal pain. A US showed a long, curvilinear, peristaltic structure located within the distal small bowel. Longitudinal scans of the structure demonstrated two parallel outer echogenic lines (arrows) separated by a hypoechoic region (Fig. 1). Transverse view shows a target-like appearance (arrows) (Fig. 2). The stool ova and parasite examination revealed the presence of *Ascaris lumbricoides* ova.

Ascaris lumbricoides is the most common human worm infection [1]. An adult worm averages 12 to 35 cm in length

Fig. 1 Longitudinal view of the abdomen

Fig. 2 Transverse view

and 0.2 to 0.5 cm in diameter. Characteristic sonographic appearance of *Ascaris* includes: 1) parallel echogenic lines separated by a hypoechoic area (triple-line sign), and 2) a target-like appearance of the cross-section of the worm [2]. Parasitological fecal exam is the mainstay for diagnosis and patients are treated with an antihelminthic agent [2]. If left untreated, a complication such as bowel obstruction may occur.

References

1. Ozmen MN, Oguzkurt L, Ahmet B et al (1995) Ultrasonographic diagnosis of intestinal ascariasis. *Pediatr Radiol* (Suppl 1):S171–S172
2. Mahmood T, Mansoor N, Quraishy S et al (2001) Ultrasonographic appearance of *Ascaris lumbricoides* in the small bowel. *J Ultrasound Med* 20:269–274

S. A. Mahmood · E. Y. Lee (✉)
Department of Radiology,
Children's Hospital Boston and Harvard Medical School,
300 Longwood Ave.,
Boston, MA 02115, USA
e-mail: Edward.Lee@childrens.harvard.edu